EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION	SITE NUMBER (to be assigned by Hq)

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (*Section II*). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Tack Force (*EN-335*); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME: Dowell, Div Dow Chemical, USA

B. STREET (or other identifier): 428 Thacher Lane, Box 2429

C. CITY: Youngstown Ohio

D. STATE: Ohio

E. ZIP CODE: 44509

F. COUNTY NAME: Mahoning

G. SITE OPERATOR INFORMATION

1. NAME: As above

2. TELEPHONE NUMBER: 216-792-6569

3. STREET:

4. CITY:

5. STATE:

6. ZIP CODE:

H. REALTY OWNER INFORMATION (*if different from operator of site*)

1. NAME: Leased - unknown

2. TELEPHONE NUMBER:

3. CITY:

4. STATE:

5. ZIP CODE:

I. SITE DESCRIPTION: Small office, 3-4 acres, surface asphalted, flat

J. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE

EPA Region 5 Records Ctr.
315935

II. TENTATIVE DISPOSITION (*complete this section last*)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (*mo., day, & yr.*):

B. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☒ 3. LOW ☐ 4. NONE

C. PREPARER INFORMATION

1. NAME: Royce G. Freese

2. TELEPHONE NUMBER: 312-663-9415

3. DATE (*mo., day, & yr.*): 11-20-80

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: Royce G Freese EIT

2. TITLE: Chem Engr

3. ORGANIZATION: Ecology & Environment Inc.

4. TELEPHONE NO. (*area code & no.*): 312-663-9415

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Renee Hix	E&E Inc. FIT	312-663-9415
Max Micheals	E&E Inc FIT	312-663-9415

C. SITE REPRESENTATIVES INTERVIEWED (*corporate officials, workers, residents*)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Wm. J Getchy	Dist. Mgr - Dowell	428 Thacher Lane
	216-792-6569	P.O. Box 2429
by phone		Youngstown, Ohio, 44509
Dick Onan	Environmental Mgr N.E District	Newark Ohio
	614-522-1016	

Continued From Front

III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Dowell keeps on site virgin chemicals suitable to de wax & rod oil & gas wells & to clean steam boilers, heat exchangers etc			1-15000 gal tank 32-36% HCl; 3 tanks 34000 g NH3-EDTA; 1 tank 9500 g Hydroxy acetic acid + Formic acid

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
Above chemicals, diluted & comingled, leave daily via 15-20 T/W's to do on-site cleaning. Once put in a steam boiler, e.g. Dowell considers the acid wash the customer's problem			

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS
The "heel" in the T/W's is neutralized on return to site & reused. When customer asks, Dowell recommends: 1) Chemical Recovery Systems Inc, Elyria Ohio & 2) Ohio Liquid Disposal, Inc, Fremont Ohio		

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)
11/20/80	11:45 AM	☐ 1. PERMISSION ☐ 2. WARRANT Not allowed on site

J. WEATHER (describe)
clear - 50°F

IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER		No Samples Taken	
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
	No field measurements	

Continue On Page 3

Continued From Page 2

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS none

☐ a. GROUND ☐ b. AERIAL

2. PHOTOS IN CUSTODY OF:

D. SITE MAPPED?

☐ YES. SPECIFY LOCATION OF MAPS:

No

E. COORDINATES

1. LATITUDE (deg.-min.-sec.) unknown

2. LONGITUDE (deg.-min.-sec.) unknown

V. SITE INFORMATION

A. SITE STATUS

☒ 1. ACTIVE (Those inductrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☒ 1. NO ☒ 2. YES (specify generator's four-digit SIC Code): 2819

See earlier description of operation

C. AREA OF SITE (in acres)

3-4 acres

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☐ 2. YES (specify):

VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

'X'	A. TRANSPORTER	'X'	B. STORER	'X'	C. TREATER	'X'	D. DISPOSER
X		X		X			
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
X	4. TRUCK	X	4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS./TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify): pH Neutralization		

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for..

☒ 1. STORAGE ☐ 2. INCINERATION ☐ 3. LANDFILL ☐ 4. SURFACE IMPOUNDMENT ☐ 5. DEEP WELL

☐ 6. CHEM/BIO/PHYS TREATMENT ☐ 7. LANDFARM ☐ 8. OPEN DUMP ☒ 9. TRANSPORTER ☐ 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1. LIQUID ☐ 2. SOLID ☐ 3. SLUDGE ☐ 4. GAS

B. WASTE CHARACTERISTICS

☒ 1. CORROSIVE ☐ 2. IGNITABLE ☐ 3. RADIOACTIVE ☐ 4. HIGHLY VOLATILE

☒ 5. TOXIC ☐ 6. REACTIVE ☐ 7. INERT ☐ 8. FLAMMABLE

☐ 9. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

mineral & organic acids, sequestrant

 Continue On Reverse

Continued From Front

VII. WASTE RELATED INFORMATION *(continued)*

2. Estimate the amount *(specify unit of measure)* of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT 300 g/d	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE gal/day	UNIT OF MEASURE	UNIT OF MEASURE
'X' (1) PAINT, PIGMENTS	'X' (1) OILY WASTES	'X' (1) HALOGENATED SOLVENTS	'X' (1) ACIDS	'X' (1) FLYASH	'X' (1) LABORATORY, PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER *(specify)*:	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER *(specify)*:	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELTING WASTES	(4) MUNICIPAL
(5) OTHER *(specify)*:			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER *(specify)*:
			(6) CYANIDE	(6) OTHER *(specify)*:	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER *(specify)*: Acid neutralized & sewered		

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE *(place in descending order of hazard)*

1. SUBSTANCE	2. FORM *(mark 'X')* a. SOLID	b. LIQ.	c. VAPOR	3. TOXICITY *(mark 'X')* a. HIGH	b. MED.	c. LOW	d. NONE	4. CAS NUMBER	5. AMOUNT	6. UNIT
none if acid										
neutralized										
properly		X					X		300 g/day	gal

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

virgin chemicals on-site in a residential area

 Continue On Page 5

Continued From Page 4

VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

None but a 800# citizen complaint was made. Tanks all have fume control & cement dike will hold contents of all tanks leaking at once Area fenced. (per Gechy)

☐ C. WORKER INJURY/EXPOSURE

From wastes - minor

☒ D. CONTAMINATION OF WATER SUPPLY

yes if acid is not neutralized properly

☐ E. CONTAMINATION OF FOOD CHAIN

No

☐ F. CONTAMINATION OF GROUND WATER

No - entire surface asphalted

☐ G. CONTAMINATION OF SURFACE WATER

No

Continued From Front

VIII. HAZARD DESCRIPTION *(continued)*

☐ H. DAMAGE TO FLORA/FAUNA

None seen

☐ I. FISH KILL

No

☐ J. CONTAMINATION OF AIR

No

☐ K. NOTICEABLE ODORS

No

☐ L. CONTAMINATION OF SOIL

No

☐ M. PROPERTY DAMAGE

No

Continue On Page 7

Continued From Page 6

VIII. HAZARD DESCRIPTION *(continued)*

☐ N. FIRE OR EXPLOSION

No

☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

No

☒ P. SEWER, STORM DRAIN PROBLEMS

If neutralization is incomplete

☐ Q. EROSION PROBLEMS

No

☐ R. INADEQUATE SECURITY

No

☐ S. INCOMPATIBLE WASTES

No

Continue On Reverse

VIII. HAZARD DESCRIPTION *(continued)*

☐ T. MIDNIGHT DUMPING

No

☐ U. OTHER *(specify)*:

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE *(specify units)*
1. IN RESIDENTIAL AREAS	on one side 50	1000	100	1 mile
2. IN COMMERCIAL OR INDUSTRIAL AREAS	other side			
3. IN PUBLICLY TRAVELLED AREAS	yes			
4. PUBLIC USE AREAS *(parks, schools, etc.)*	no			

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER *(specify unit)*	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
unknown	unknown	unknown
D. POTENTIAL YIELD OF AQUIFER	E. DISTANCE TO DRINKING WATER SUPPLY *(specify unit of measure)*	F. DIRECTION TO DRINKING WATER SUPPLY
"	"	"

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS ☒ 2. COMMUNITY *(specify town)*: > 15 CONNECTIONS

☐ 3. SURFACE WATER ☐ 4. WELL

Continue On Page 9

Continued From Page 8

X. WATER AND HYDROLOGICAL DATA *(continued)*

H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COMMUNITY (mark 'X')	5. COMMUNITY (mark 'X')
		unknown		

I. RECEIVING WATER

1. NAME: unknown

☒ 2. SEWERS ☐ 3. STREAMS/RIVERS ☐ 4. LAKES/RESERVOIRS ☐ 5. OTHER *(specify)*:

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

unknown

XI. SOIL AND VEGITATION DATA

LOCATION OF SITE IS IN: unknown

☐ A. KNOWN FAULT ZONE ☐ B. KARST ZONE ☐ C. 100 YEAR FLOOD PLAIN ☐ D. WETLAND

☐ E. A REGULATED FLOODWAY ☐ F. CRITICAL HABITAT ☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. OVERBURDEN	'X'	B. BEDROCK *(specify below)*	'X'	C. OTHER *(specify below)*
	1. SAND		unknown		
	2. CLAY				
	3. GRAVEL				

XIII. SOIL PERMEABILITY

☒ A. UNKNOWN ☐ B. VERY HIGH *(100,000 to 1000 cm/sec.)* ☐ C. HIGH *(1000 to 10 cm/sec.)*
☐ D. MODERATE *(10 to .1 cm/sec.)* ☐ E. LOW *(.1 to .001 cm/sec.)* ☐ F. VERY LOW *(.001 to .00001 cm/sec.)*

G. RECHARGE AREA

☐ 1. YES ☐ 2. NO 3. COMMENTS: flat

H. DISCHARGE AREA

☐ 1. YES ☐ 2. NO 3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE: 0

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.: none evident

J. OTHER GEOLOGICAL DATA

N/A

 Continue On Reverse

Continued From Front

XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UNKNOWN
Have filed for RCRA Permit A (see attached)							

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☐ YES *(summarize in this space)*

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition *(Section II)* information on the first page of this form.

STORAGE FACILITIES SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain as Necessary.

1. STORAGE AREA HAS CONTINUOUS IMPERVIOUS BASE
[X] YES [ ] NO

2. STORAGE AREA HAS A CONFINEMENT STRUCTURE
[X] YES [ ] NO

3. EVIDENCE OF LEAKAGE/OVERFLOW *(If "Yes", document where and how much runoff is overflowing or leaking from containment)*
[ ] YES [X] NO

4. ESTIMATE TYPE AND NUMBER OF BARRELS/CONTAINERS
15 drums - 55 gal Dow cleaners

5. GLASS OR PLASTIC STORAGE CONTAINERS USED
[ ] YES [ ] NO unknown

6. ESTIMATE NUMBER AND CAPACITY OF STORAGE TANKS
3 - 34000 gal NH_3 - EDTA
1 - 15000 gal HCl
1 tank 8500 g {Hydroxy Acetic Acid & Formic acid
1 Tank to neutralize waste perhaps 2000 gal (with fume arrestor)

7. NOTE LABELING ON CONTAINERS
not allowed on site

8. EVIDENCE OF LEAKAGE CORROSION OR BULGING OF BARRELS/CONTAINERS/STORAGE TANKS *(If "Yes", document evidence. Describe location and extent of damage. Take PHOTOGRAPHS)*
[ ] YES [X] NO

9. DIRECT VENTING OF STORAGE TANKS
[ ] YES [X] NO

10. CONTAINERS HOLDING INCOMPATIBLE SUBSTANCES *(If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)*
[ ] YES [X] NO

11. INCOMPATIBLE SUBSTANCES STORED IN CLOSE PROXIMITY *(If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)*
[ ] YES [X] NO

12. ADEQUATE CONTAINER WASHING AND REUSE PRACTICES
[ ] YES [ ] NO unknown

13. ADEQUATE PRACTICES FOR DISPOSAL OF EMPTY STORAGE CONTAINERS
[ ] YES [ ] NO unknown

REPORT #: 783

DATE: 9/30

TAKEN BY:

HAZARDOUS WASTE HOTLINE REPORT FORM

SITE NAME: Dow Division, Dow Chemical Co.

ADDRESS: Austin Town, Ohio

COUNTY:

SITE DESCRIPTION:

The caller would like this site investigated to make sure that before it begins full-fledged operations, there are no hazardous wastes there.

NAME OF CALLER:

ADDRESS:

PHONE:

Reported to other agencies?

Follow-up Information Requested?

Immediate Action Taken:

Dowell, Div of Dow Chemical
428 Thacher Lane, Youngstown Ohio 44509
Mr W. J. Getchy 216-792-6569
Mr Dick Onan 614-522-1016 (by phone)

CHECKLIST

1. Does your facility handle hazardous wastes (as defined by RCRA)?

   yes - 300 gal/day

2. If yes, what types of hazardous waste handling do you do; i.e. treatment, storage, or disposal?

3. If yes to above, did you notify U.S. EPA of your waste handling activities (notification process)? yes

4. If yes, have you received your EPA Identification Number? What is your I.D. number? OHDO 55821011

5. If yes to above, have you submitted a Part A RCRA Permit Application to U.S. EPA? yes, Onan forwarding cc.